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## A. Benefits of LBP Treatment Related to Patient Expectations

Low back pain (LBP) is one of the primary reasons people seek non-medical forms of treatment. Psychological factors may profoundly affect the results of treatment, because patients approach pain and pain treatments with many different viewpoints.

The purpose of this study was to determine if patient expectations of treatment benefits were related to treatment outcomes.

Researchers randomly assigned 135 patients, aged 20 to 70 and suffering from chronic LBP, into either an acupuncture or a massage treatment group. Prior to the randomization, patients rated helpful). The same questions

were asked after a 10-week treatment period by use of a telephone follow-up. The functional ability of each patient was determined using a 23-point modified Roland Disability scale. A change of two points between initial and follow-up assessment using this scale was used to determine improvement, as that amount of change is considered clinically significant.

The study yielded several results:

\* 86% of the participants with higher expectations for their treatment demonstrated an improved Roland Morris \* Odds of improvement were five times greater for the

high-expectation group than the low-expectation group, after adjusting for other factors, such as physical health, age, education, etc.

**Conclusion** This study nicely points out that patients who have an expectation to benefit from care tend to demonstrate a better clinical outcome. Studies such as this help to explain the non-specific effects of some treatments.

Kalauokalani D, Cherkin DC, Sherman KJ, et al. Lessons from a trial of acupuncture and massage for low back pain: Patient expectations and treatment effects. *Spine*, July 1, 2001;26(13), pp. 1418-1424.

## II) Do Individual Muscles Help Stabilize the Spine?

There has been a certain amount of debate about whether "local" muscles are responsible for spine stability, or if larger "global" muscles are actually the primary stabilizers.

Previous research suggests that no single muscle has dominant responsibility for this task, and that as such, training/rehabilitation exercises should not focus on any single muscle, but instead on the entire surrounding musculature.

Many believe that stabilization exercises train muscle patterns that ensure spinal stability; however, no consensus and little data exist to support theories proclaiming which specific muscles contribute to

stability. This study was designed "to identify which specific torso muscles stabilize the spine during different loading conditions and to identify possible mechanisms of function." To test the muscles, 10 male subjects performed a series of eight exercises (abdominal curl; right-side bridge; sitting on a stool; sitting on a gym ball; four-point kneeling with contralateral arm and leg extension; four-point kneeling with single leg extension; back bridge with single leg extension; and back bridge).

Three-dimensional lumbar spine motion, external forces and 14 channels of torso electromyography were recorded as the exercises were performed. Data

analysis showed that no single muscle contributed to spinal stability in a dominant fashion, and each muscle's individual role continuously changed across tasks.

### **Conclusion:**

\* The role of individual lumbar muscles changes as the loads placed on the spine change.

\* When designing an exercise program intended to increase the stability of the spine, consideration should be given to each potential stabilizer.

Kavcic N, Grenier S, McGill SM. Determining the stabilizing role of individual torso muscles during rehabilitation exercises. *Spine* 2004;29(11):1254-65.



## B. Office News

The doctors of Shoreline Spine & Pain Associates were recently recognized by the **National Committee for Quality Assurance (NCQA)** for providing superior care to patients suffering from low back pain.

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and recognizes physicians in key clinical areas.



*“Specializing in the evaluation, treatment, and rehabilitation of musculoskeletal conditions.”*

## C. Question of the month

### Are all chiropractors the same?

Simply stated, No. There are two factions in the profession. The first is thought of as philosophically-based and the second is scientific or evidence-based.

The first group has a dogmatic perspective on the profession. The clinical thought process is devoid of any scientific reasoning or critical thinking. They believe that “nerve interference” is caused by “subluxations” and that all are

at risk. The whole spine is treated regardless of region of complaint. The only manner in which patients are treated is with manipulation. This practitioner is usually engaged in a doctor-centered practice and does not collaborate with medical doctors. There is typically no definite end to this type of treatment and poor outcome measures are used.

The second group uses the best available evidence in clinical decision making. This practitioner frequently collaborates and communicates

with medical doctors. This doctor uses a myriad of manual procedures and exercise. Manual treatment is including but not limited to manipulation depending on the condition. The type of practice model employed by this practitioner is patient-centered. This type of care is finite and outcomes oriented.

## D. Contact Us

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Please be aware that Drs. Coulis and Furtado are available to give a 20 minute lunchtime presentation on how a medical

physician can best collaborate with a chiropractor. They are also available to give 45 minute grand round type lectures on Introduction to Chiropractic and Non-Surgical Management of Lower Back Pain. Please contact our office to schedule either Dr. Coulis or Dr Furtado to come to your office.

If you would like some additional literature about our office and the services we

provide, please contact our office and request our Introduction to the Shoreline Spine & Pain Associates package.